



RCE
EPW

U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE

REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL FORM (37 C.F.R. § 1.114)

DOCKET NO. 11641/36	APPLICATION SERIAL NO. 09/928,367	EXAMINER Teresa D. Wessendorf	ART UNIT 1639
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INVENTOR(S): **David DUFFY**

Address to:
Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

This is a **request for continued examination** under 37 C.F.R. § 1.114 (RCE) of pending application Serial No. **09/928,367**, filed on **August 14, 2001**, entitled **BIOMOLECULE ARRAYS**.

The following constitute the submission **required** by 37 C.F.R. § 1.114(a) and is attached:

☐ Amendment
☒ Information Disclosure Statement and Form PTO-1449
☐ Drawing Changes
☐ Other Submission: _____

1. The filing fee for this RCE and the required amendment/submission is calculated below. The fee below is calculated based on the status of the claims after the entry of the attached amendment/submission. The fee for any new additional claims is included with this RCE, the fee for previously entered additional claims having already been paid.

	CLAIMS REMAINING AFTER AMENDMENT	MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT NUMBER EXTRA*	RATE (\$) PER CLAIM	FEE (\$)
BASIC FEE						790.00
TOTAL CLAIMS	6		32	0	x \$50.00	0.00
INDEPENDENT CLAIMS	1		3	0	x \$200.00	0.00
MULTIPLE DEPENDENT CLAIM	0		0	0	\$360.00	0.00
				*Number extra must be zero or larger	TOTAL	790.00
				If Applicant is a small entity under 37 C.F.R. §§ 1.9 and 1.27, then divide total fee by 2, and enter amount here.		SMALL ENTITY
						TOTAL
						395.00

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2. Please charge the required RCE and submission small entity filing fee of **\$395.00** to the deposit account of **Kenyon & Kenyon**, deposit account number **11-0600**.

3. The Commissioner is hereby authorized to charge payment of the fees, including any additional fees required, associated with this communication or arising during the pendency of this application, or to credit any overpayment, to the deposit account of **Kenyon & Kenyon**, deposit account number **11-0600**.
4. A duplicate copy of this transmittal form is enclosed.

Dated: 11/22/05

By: Respectfully submitted,



Zeba Ali (Reg. No. 51,392)

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